



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942867  
SACRAMENTO CA 94267-0011

## INSTALLMENT AGREEMENT REQUEST

**NOTE:** This form must be filled out completely. Failure to provide complete information will delay processing of your request.  
**Do not attach this form to your tax return; mail it in a separate envelope to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0011.**

1 Your first name and initial	Last name	Your social security number		

If a joint return, spouse's first name and initial	Last name	Spouse's social security number		

Your current address (number, street, and apartment number)

City, town, post office box, state and ZIP code. If a foreign address, include province, postal code, and full name of country.

2 Your home phone number	3 Your work phone number	4 Your spouse's work phone number
( )	( )	( )

Please attach a voided check here

5 Enter the total amount of your outstanding tax liability . . . . .

6 Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges. The charges will continue until you pay in full . . . . .

7 If we approve your request, we agree to let you pay the tax you owe in monthly installments. In return, you agree to make your monthly installments by a **direct transfer from your bank account**. Enter the date of the month you want your bank to transfer funds to the Franchise Tax Board. Do not enter a date greater than the 28th . . . . .

8 Name and address of your bank

9 Bank Routing and Transit Number – This is the nine-digit number at the bottom left of your check. Your bank can tell you what your routing number is. Please attach a voided check to this request.

10 Account number – This must be a regular checking or savings account

Please check one:      Checking ☐      Savings ☐

I hereby authorize the Franchise Tax Board to initiate and process debit entries to the account identified above. This authorization will remain in effect until the balance due has been paid in full, until the Franchise Tax Board cancels the installment agreement, or until the Franchise Tax Board has received and processed a written notification from me.

I request that the amount from line 6 be debited from my account on the date specified on line 7 each month. If this day falls on a Saturday, Sunday or holiday, the transfer is authorized for the next business day.

If the Franchise Tax Board cannot deduct the monthly payment from my account because of insufficient funds or because my account is closed, the Franchise Tax Board will cancel my installment agreement. The Franchise Tax Board will charge me a dishonored payment penalty and possibly a collection fee. I will be responsible for any overdraft fees charged by my bank.

Your signature	Date	If a joint return, spouse's signature	Date

If you have questions about your installment agreement, please call (916) 845-4470. An Interactive Voice Response system is available seven days a week, 24 hours a day. Representatives are available Monday through Friday 8:00 a.m. to 5:00 p.m. If you are hearing impaired, TDD services are available at 1-800-822-6268.